



World AIDS Day - December 1, 2005

Keeping the Promise to Support Treatment

“Ladies and gentlemen, seldom has history offered a greater opportunity to do so much for so many... I ask the Congress to commit \$15 billion over the next five years, including nearly \$10 billion in new money, to turn the tide against AIDS...”

- President George W. Bush

State of the Union Address - January 28, 2003

For too long, people living with HIV/AIDS in the developing world have had very limited access to the life-extending antiretroviral treatment more widely available in the West. According to the World Health Organization, only 50,000 of the 4.1 million sub-Saharan Africans who could benefit from anti-retroviral drugs were receiving them at the end of 2002.

However, in 2003 – under President Bush's leadership and with Congressional support and the generosity of the American people – the President's Emergency Plan for AIDS Relief was launched. The Plan represents the largest international health initiative in history by a government dedicated to a single disease.

The President's Emergency Plan is a five-year, \$15 billion, multifaceted approach to combating HIV/AIDS, including bilateral programs in 123 countries around the world and support for multilateral organizations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Latest Treatment Results

America's urgent action and innovation are showing results:

- As of September 30, 2005, the President's Emergency Plan has supported antiretroviral treatment for more than 400,000 men, women, and children through bilateral programs in 15 of the most afflicted countries in Africa, Asia, and the Caribbean - turning the despair of suffering and death to the hope of health and life. More than 395,000 of those being supported live in sub-Saharan Africa. The U.S. continues to support treatment for more people than any other international partner in the world.
- Looking ahead, this continued early success puts the President's Emergency Plan well on track, scaling-up to meet the President's ambitious goal of supporting treatment for two million people in five years.

In Partnership with Our Host Nations

Reflecting the Emergency Plan vision of partnership with host nations, U.S. Government field staff work closely with partners to implement each nation's strategy for fighting HIV/AIDS. The Emergency Plan is committed to working with national strategies to build capacity in-country: over 80% of our partners are indigenous organizations.

Success is possible due to the leadership and dedication of the governmental and non-governmental sectors in host nations. In addition, host nations provide leadership with their own resources. The country-by-country results released today (see chart on page 3) were achieved by the work of talented and dedicated people in-country, including faith-based and other humanitarian organizations. The President's Emergency Plan is strongly dedicated to supporting their efforts.

Treatment Involves Far More Than Drugs

President Bush's Emergency Plan for AIDS Relief is committed to supporting national strategies through partnerships with host governments, non-governmental organizations (including faith- and community-based organizations), and the private sector, together providing the full spectrum of services required for quality treatment. With Emergency Plan support and that of other partners such as the Global Fund, host nations are providing services that achieve results while building the local, sustainable capacity needed for the long term. The services and capacity expansion include:

- Trained clinical and laboratory personnel
- Counselors for treatment regimen adherence, prevention and healthy living
- Physical infrastructure including laboratory equipment
- Distribution, logistics and management systems for drugs and other commodities

An Integrated Approach

Despite tremendous progress, much remains to be done to expand treatment to those in need. Treatment brings hope that drives efforts in other areas such as prevention, counseling and testing, and care. President Bush's Emergency Plan for AIDS Relief is committed to integrated prevention, treatment and care - no one piece can stand alone.

- We are committed to prevention. The goal is to save lives before they are ever infected with the virus. In 2005, over 13,000 people were newly infected with HIV/AIDS around the world every day. Today, the U.S. supports the most diverse portfolio of HIV/AIDS prevention strategies of any international partner: in addition to the ABC strategies (abstain, be faithful, and correct and consistent use of condoms), the U.S. also supports programs that focus on mother-to-child transmission, on blood safety and safe medical injections, on intravenous drug users, on HIV-discordant couples, on women, on men, and on alcohol abuse, among other key issues.
- We are committed to care. There are some for whom treatment is not possible but care can help all those affected, especially orphans and vulnerable children. The Emergency Plan had set a goal to support care for over 1.1 million HIV positive persons and AIDS orphans and vulnerable children by June 2005, and was able to exceed this target, supporting care for over 2 million people between September 2004 and March 2005.
- We are committed to encouraging all people to get counseling and be tested. Only by being tested and knowing your status is it possible to get help. As of June 2005 the United States had supported HIV/AIDS counseling and testing services for over 3.5 million people.

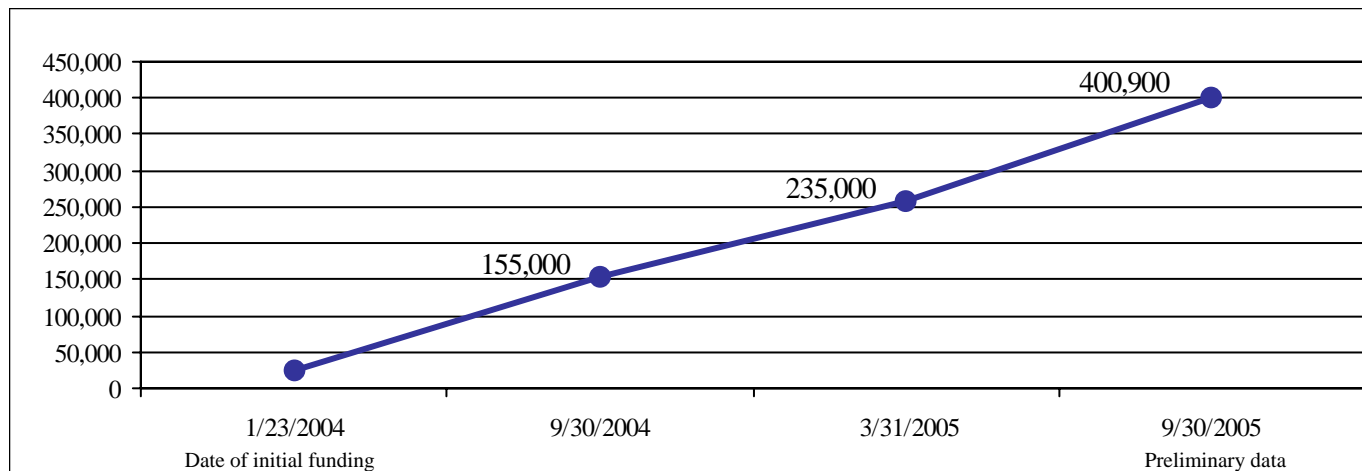
Treatment Support: Meeting Needs as Defined by Host Nations

Citizens must lead and own the fight against HIV in their countries, which is why the Emergency Plan supports their efforts to reach the treatment goals within their national strategies. USG country teams consult with host governments and other partners to determine the appropriate role for the Emergency Plan – whether it consists of downstream support (including support for provision of treatment at specific sites) or upstream support (such as support for national laboratory, training and quality assurance systems).

It is important to note that the total numbers of people on treatment in some countries may exceed the numbers printed in the table below, if USG contributions support only part of the nation's total number on treatment. In addition, the resources of host nations and of other international partners, such as the Global Fund, provide further support for treatment. The U.S. is privileged to stand with our host nations in this fight and contribute to the overall success of their programs.

Number of individuals receiving antiretroviral treatment

Total of both upstream and downstream USG-supported interventions



Treatment Results

Number of individuals receiving antiretroviral treatment as of September 30, 2005 ^(1,2)

	Downstream ⁽³⁾	Upstream ⁽⁴⁾	Total
Botswana	0	37,300	37,300
Cote d'Ivoire ⁽⁵⁾	11,100	0	11,100
Ethiopia	16,200	0	16,200
Guyana	800	0	800
Haiti	4,300	0	4,300
Kenya	34,900	9,800	44,700
Mozambique	4,100	12,100	16,200
Namibia	13,300	1,000	14,300
Nigeria	18,900	9,300	28,200
Rwanda	13,800	2,100	15,900
South Africa	40,200	52,800	93,000
Tanzania	11,400	3,300	14,700
Uganda	49,600	17,900	67,500
Vietnam	700	0	700
Zambia	29,900	6,100	36,000
Totals	249,200	151,700	400,900

(1) All numbers presented in this table are preliminary and subject to change as additional information is reported. Figures are rounded to the nearest 100.

(2) Antiretroviral treatment includes the provision of antiretroviral drugs and clinical monitoring of treatment among those with advanced HIV infection, including, but not limited to the provision of services at PMTCT+ sites, which offer a broad range of services.

(3) Included in downstream results are individuals reached through service delivery sites that are directly supported by USG interventions/activities (e.g. commodities, drugs, supplies, supervision, training or quality assurance) at the point of service delivery. Results are considered "downstream" if they can be associated with counts of uniquely identified individuals receiving services at unique program or service delivery points.

(4) Included in upstream results are estimates of individuals served as a result of the USG's contribution to systems strengthening beyond those counted as receiving direct USG support. Systems strengthening includes support to national, regional or local activities such as policy development; institutional capacity building; logistics; protocol or guideline development; advocacy; laboratory support; national or regional training; and national management information systems. Upstream support is vital to creating sustainable national systems. In Botswana, for example, the government has led an aggressive and highly successful multi-sectoral response with its own resources and significant downstream contributions from the private sector. The government identified the greatest need for Emergency Plan support to be strengthening national laboratory and training systems and developing national protocols. This upstream support contributes to the overall success of Botswana's national strategy.

(5) In Cote d'Ivoire, the USG does provide system-level inputs into policy, guidelines, training, commodities management and monitoring and evaluation. However, due to the political crisis in Cote d'Ivoire, national data systems are strained; as a result, the USG is unable to reliably estimate the results of its upstream support.

The U.S. President's Emergency Plan for AIDS Relief

-Department of State-

-U.S. Agency for International Development-

-Department of Defense-

-Department of Commerce-

-Department of Labor-

-Department of Health and Human Services-

-Peace Corps-

www.state.gov/s/gac

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